

## Iowa Prescription Monitoring Program Advisory Council Meeting Minutes

Subject	PMP Advisory Council	Date	January 17, 2020
Facilitator	Mitchell Barnett, PMP Associate Director	Called to Order: 1:09 p.m. Dismissal: 3:56 p.m.	
PMP Advisory Council Members Present			
Alan Shepley, R.Ph., Dr. Anthony Miller, Gloria Bernstein, R.Ph., Dr. Matt Arnold, PharmD, Dr. Julia Johnson, Dr. Tracy Mixdorf, Julie Sarcone, ARNP			
Staff Members Present			
Mitchell Barnett, Prescription Monitoring Program Associate Director, Andrew Funk, Executive Director, Tessa Register, Assistant Attorney General, Therese Witkowski, Executive Officer, Jennifer Tiffany, Compliance Officer, Catherine Lillehoj, Performance Analyst, Sharon Smith, Clerk Specialist			
1/17/2020 Meeting Summary			
No.	Agenda Topic	Highlights	
1.	Approval of Minutes	▪ Minutes from 7/11/2019 PMP Advisory Council Meeting were approved.	
2.	Presentation by Matt Pitlick, PharmD, Iowa Healthcare Collaborative	▪ The Iowa Opioid Use Disorder Consortium began convening in July 2019 with the goal of creating a strategic plan to address the opioid crisis in rural counties. - Main objectives are increasing access to prevention, treatment and recovery providers and evidence-based resources and enhancing care coordination for patients with opioid use disorder.	
3.	Reports & Informational Items	▪ SAS, a data analytics tool, was recently procured and will allow PMP administrators the capability to analyze data in-house. ▪ The Advanced Analytics package was presented by representatives from Appriss Health. - Reports that are already available would be editable and more detailed reports would be made available. The cost to implement would be \$75,000 with an ongoing annual fee of \$30,000. ▪ Naloxone Reporting - Appriss Health is working on establishing a centralized reporting repository and communication plan with reporting entities. ▪ Interstate Data Sharing - Iowa is currently sharing data with 27 states/PDMPs. ▪ Integrations - Currently 5 in-state chain pharmacies and 148 independent and non-resident pharmacies, clinic/physician offices and hospitals have integrated using Gateway, an Appriss Health hub. ▪ Iowa Department of Public Health (IDPH) Website - Aggregate, de-identified PMP data will be available to the public on the IDPH website via the tracking portal in February 2020 in the form of interactive graphs and other visualizations. New data will be added quarterly. ▪ Legislative Update - The electronic prescribing mandate became effective January 1, 2020. Eighty-two percent of the total 344 requests for exemption have been reviewed and approved by the Board of Pharmacy. Enforcement of the mandate is handled by the practitioners' licensing boards.	

		<ul style="list-style-type: none"> <li>- Current bill <ul style="list-style-type: none"> <li>o Requesting mandatory reporting of schedule V controlled substance dispensations</li> <li>o Clarification of DVM access to the PMP</li> </ul> </li> <li>▪ PMP Registration and Utilization <ul style="list-style-type: none"> <li>- Ninety percent of Controlled Substances Act (CSA) registrants are registered for the PMP.</li> <li>- PMP usage has been consistent since 2019 with the vast majority of requests being successful.</li> <li>- The next round of threshold reports and Prescriber Activity Reports (PARs) will be disseminated soon.</li> </ul> </li> </ul>
4.	Funding Updates	<ul style="list-style-type: none"> <li>▪ The PMP is currently receiving funding from 5 grants: <ul style="list-style-type: none"> <li>- State Opioid Response (SOR) Grant: funding University of Iowa Hospital &amp; Clinics' integration and research study on PMP integration.</li> <li>- State Targeted Response (STR) Grant: funding NarxCare.</li> <li>- Opioid Prevention in States (OPIS2) Grant: funding PAR setup and ongoing costs.</li> <li>- Comprehensive Opioid Abuse Prevention (COAP) Grant: funding naloxone reporting.</li> <li>- Overdose to Action (OD2A) Grant: funding statewide EHR and pharmacy dispensing software integration.</li> </ul> </li> </ul>
5.	Discussion of Appriss Change Order	<ul style="list-style-type: none"> <li>▪ The CDC OD2A grant requires the Iowa PMP to connect with the federally-funded interstate data sharing hub, RxCheck. Two options to complete the grant requirements are available: <ul style="list-style-type: none"> <li>- Option 1 allows out-of-state queries of Iowa PMP data by other RxCheck-connected state PDMPs but does not allow entities in Iowa to integrate the PMP using RxCheck.</li> <li>- Option 2 allows in-state entities the option to integrate the PMP using either RxCheck or Gateway. The number of queries an in-state RxCheck-integrated entity may perform would be capped at 3 million queries per month without the cost increasing. Integrations using RxCheck would not include the NarxCare features available with Gateway integration.</li> </ul> </li> <li>▪ Council members agreed to pursue option 1 and then explore additional funding for statewide integration.</li> </ul>
6.	Review of PMP FAQs	<ul style="list-style-type: none"> <li>▪ Suggested revising the answer to the question, "Who has access to the PMP data?" to include delegates.</li> </ul>
7.	Presentation by Monica Wilke-Brown, Opioid Initiative, IDPH	<ul style="list-style-type: none"> <li>▪ Various naloxone initiatives are in operation including the Tele-Naloxone program that provides a free naloxone kit via mail to an individual after a visit with a pharmacist by tele-medicine.</li> <li>▪ Opioid-related deaths among Iowans have decreased since 2017.</li> <li>▪ The Mandatory Reporting Declaration issued in July 2018 requires Emergency Department administration of naloxone to be reported to the IDPH within 72 hours.</li> <li>▪ Medication Assisted Treatment expansion efforts have increased the number of Opioid Treatment Programs (OTPs) and Buprenorphine Waivered prescribers.</li> <li>▪ The State Opioid Response (SOR) Grant has been the primary source of funding for the IDPH Opioid efforts.</li> </ul>
8.	New Business	<ul style="list-style-type: none"> <li>▪ Council members were supportive of adding a disclaimer about the frequency of reporting and data validity to the Prescriber Activity Report (PAR) and performing an audit of PMP data by having Board of Pharmacy compliance officers collect reportable prescriptions during routine pharmacy inspections to be provided to PMP staff for review.</li> <li>▪ Council members agreed that pursuing a legislative change to allow adding an individual delegate representative(s) to the council would be valuable.</li> </ul>

		<ul style="list-style-type: none"> <li>▪ Council members agreed that the Iowa Administrative Code 657—37.2(124) definition of a “healthcare professional” should not include non-licensed/certified individuals in terms of who is eligible to register to use the PMP as a delegate. A change to the definition would need to be made to not include “training” as a basis for qualification as a healthcare professional.</li> </ul>
9.	Future Meetings	<ul style="list-style-type: none"> <li>▪ The next meeting is tentatively scheduled for May 15<sup>th</sup>, 2020.</li> </ul>